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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>  <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing      OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	<b>Attorney Docket Number</b>	EURO-219 (501174.20219)
	<b>First Named Inventor</b>	Mason Greene, et al.
	<b>COMPLETE IF KNOWN</b>	
	<b>Application Number</b>	/ To Be Assigned
	<b>Filing Date</b>	March 17, 2004
	<b>Group Art Unit</b>	
	<b>Examiner Name</b>	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

COMPACT CYCLONIC BAGLESS VACUUM CLEANER

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
		<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☒ Customer Number or Bar Code Label 026418 OR ☒ Correspondence address below

**Name** Michael I. Wolfson

**Address** Reed Smith LLP

**Address** 599 Lexington Avenue, 29th Floor

**City** New York

**State** New York

**ZIP** 10022

**Country** US

**Telephone** 212-521-5400

**Fax** 212-521-5450

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**NAME OF SOLE OR FIRST INVENTOR :**

☐ A petition has been filed for this unsigned inventor

**Given Name**  
(first and middle [if any]) Mason

**Family Name**  
or Surname Greene

**Inventor's**  
**Signature**

**Date**

**Residence: City** Auburn

**State** AL

**Country** US

**Citizenship** US

**Mailing Address** 1975 Mall Blvd., Suite 1

**Mailing Address**

**City** Auburn

**State** AL

**ZIP** 36830

**Country** US

**NAME OF SECOND INVENTOR:**

☐ A petition has been filed for this unsigned inventor

**Given Name**  
(first and middle [if any]) Mark

**Family Name**  
or Surname Rosenzweig

**Inventor's**  
**Signature**

**Date**

**Residence: City** Chestnut Hill

**State** MA

**Country** US

**Citizenship** CA

**Mailing Address** 55 Single Tree Road

**Mailing Address**

**City** Chestnut Hill

**State** MA

**ZIP** 02467

**Country** US

☐ Additional inventors are being named on the \_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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PTO/SB/81 (02-01)

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## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	To Be Assigned
Filing Date	March 17, 2004
First Named Inventor	Mason Greene, et al.
Title	COMPACT CYCLONIC BAGLESS VACUUM CLEANER
Group Art Unit	
Examiner Name	
Attorney Docket Number	EURO-219 (501174.20219)

I hereby appoint:

☒ Practitioners at Customer Number  → 

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**OR**

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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**OR**

☐ Practitioners at Customer Number  → 

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**OR**

<input checked="" type="checkbox"/> Firm or Individual Name	Michael I. Wolfson				
Address	Reed Smith LLP				
Address	599 Lexington Avenue - 29th Floor				
City	New York	State	New York	Zip	10022
Country	US				
Telephone	212-521-5400	Fax	212-521-5450		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).*

### SIGNATURE of Applicant or Assignee of Record

Name	Mason Greene
Signature	
Date	March , 2004

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.

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☐ Practitioners at Customer Number

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☒ Firm or  
Individual Name

Michael I. Wolfson

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### SIGNATURE of Applicant or Assignee of Record

Name Mark Rosenzweig

Signature

Date March , 2004

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